STATE OF INGLASS LAKE COUNTS FILED FOR RECORD

2006 066365

2006 AUG - 1 PM 1: 35

Acct 100041078

Return To:

MICHAEL A BROWN

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410
WORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	SWORN STATEMENT &	NOTICE OF INTERNITY
TO: Patient:	Rachel Winslow Rachel Winslow 500 Hyles Ct #3 Hammond, IN 46320	Attorney:
Lake Count 2293 North Crown Poin	f Lake County, Indiana y Government Center Main Street ut, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
	intends to hold a Hose care, treatment or mainte	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for enance of the above listed patient as follows:
above hosp (\$\frac{16}{3}\$. legal repliable fo	The amount due for hospitalization is Sixteen 123.08 To the best of the Ho	ced to the hospital on June 26, 2006 cal on June 27, 2006 spital care, treatment or maintenance during the Thousand One Hundred Twenty-Three and 08/100 spital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Offic hundred a undersigne the penal Lien as	e of the Recorder of t nd eighty (180) days af ed individual executing	rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one ter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
STATE OF		(1) BY: Ongie Oruk ch
COUNTY OF	LAKE) ss:	
Hospitals	Angie Djukich , , Inc., being duly swor and correct.	being a <u>Patient Representative</u> for The Methodist nupon oath, says that the facts stated in the foregoing
		(2) <u>Ungue Gukuh</u> Argie Diakich
Duly	, 2006.	fore me, a Notary Public, this 20 day of Official Seal SHERRY C. FOUST Resident of Lake County, Not at Publy commission expires
-	sion Expires: p. 10,2013	A Resident of Lake Oundepoor 10, 2013
I affirm, each soci	, under the penalties f al security number in	or perjury, that I have taken reasonable care to redact his Mocument, unless required by law.
This Inst		Clyde D. Compton, Attorney at Law 3700 Broadway, Merrillville, IN 46410

UN13249 CM